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The Troubles With Vaccines • Ten Sentences

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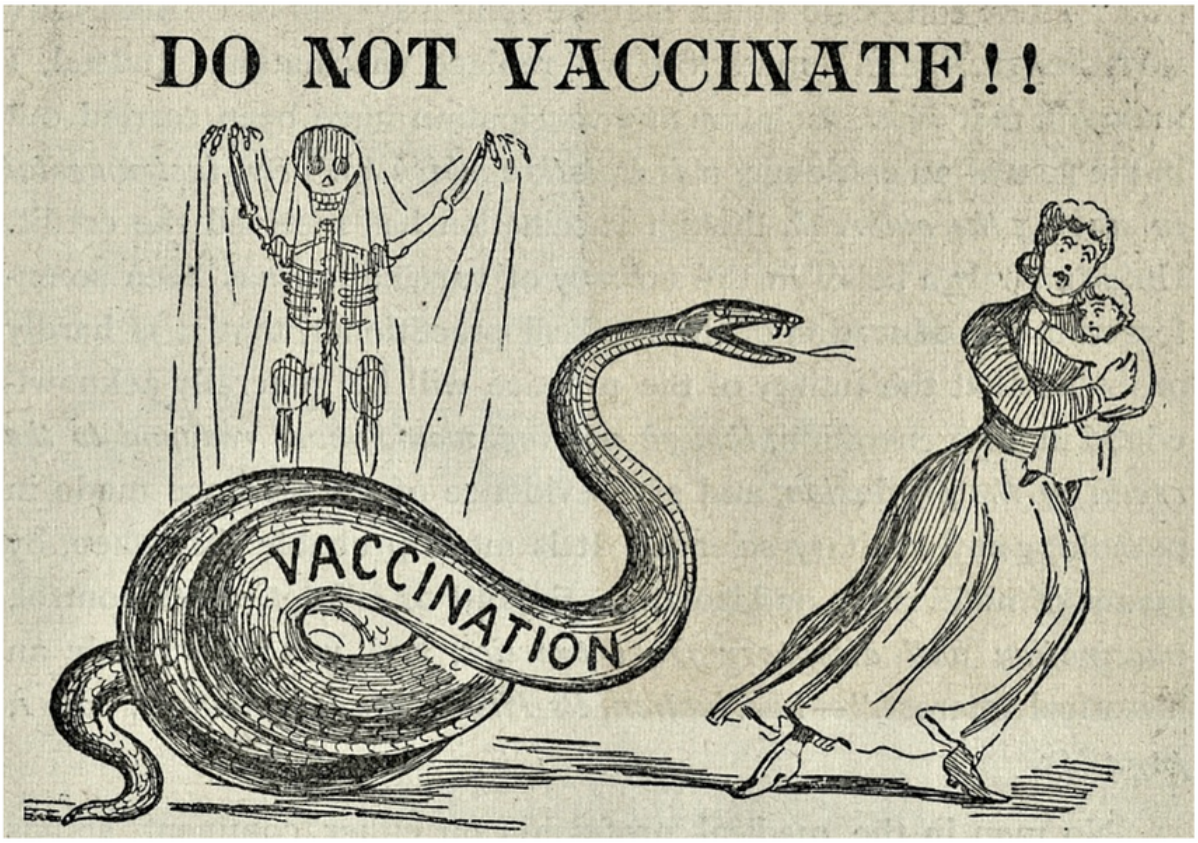

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The uncritical, blind faith in vaccines is the preeminent sacred cow of modern medicine. (It happens to be its preeminent cash cow as well.) It is a quasi-religious, dogmatic article of conviction, rather than a sound scientific theory or an empirically-based clinical precept.

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Vaccines have been controversial since their introduction centuries ago. Only in very recent history has there been a rigidly enforced orthodoxy of belief within the medical establishment that vaccines must be unanimously regarded as “safe and effective,” no questions asked.

Even more recent is the practice of smearing and labeling anyone questioning this doctrine as a heretic: an “anti-vaxxer.” In fact, according to the Merriam-Webster Dictionary, the earliest known use of that now-ubiquitous epithet was only in 2001.

Religious faith has tremendous potential for good in society, but when it is misrepresented as science, its track record is miserable and deadly. “Safe and effective” is not scientific shorthand, or even an advertising slogan; it is a mantra. “Anti-vaxxer” is not a category of person, it is a charge of heresy. And just as vaccine critics are heretics, so the high priests of vaccines, the Faucis of the world, the people who in their own words “represent science,” are fanatics.

Does that really sound like science to you? Galileo, Semmelweis, and a few others might disagree.

Any honest person who lived through the COVID-19 era in the United States will acknowledge that the Department of Health and Human Services (HHS) with its lengthy “alphabet soup” of agencies (CDC, NIH (with its NIAID), FDA (with its CBER), etc., etc.), promoted and repeated the “safe and effective” mantra regarding the COVID-19 vaccines throughout an era of intense public fear.

Any honest person will also acknowledge that the mainstream media avidly repeated and amplified the “safe and effective” mantra and stoked the fear, all while ruthlessly attacking anyone questioning that same dogma, labeling them “anti-vaxxers,” or sometimes even “murderers.”

Little to no mention was made – or allowed – of the gigantic financial incentives and other entanglements these powerful entities have with the vaccine manufacturers, nor the trillions of dollars involved.

Religious dogmas, especially those relentlessly inculcated by powerful forces under extreme conditions, are hard to break free from.

To readers who may know people caught in the rigid, dogmatic belief in the infallibility of vaccines, I offer the following 10 sentences.

Share them with friends, family, and colleagues who cannot seem to reconsider vaccine dogma, especially those with an uncritical view of the current vaccine schedules. Ask them to carefully read each of the 10 sentences below, one at a time, and ask themselves: does this sentence seem true or false to me? If it seems false, *on what basis* do I think it is false? Then move on to the next one and do the same.

(Some of the sentences are complex, but I am confident an intelligent layperson can understand them all.)

When they are finished with all 10 sentences, encourage your friends to ask themselves:

- Do they truly believe that every child in the United States should receive 20 or more different vaccines before age 18?
- Should vaccines ever be mandated?
- Shouldn't we, as an educated, free society, systematically review the official vaccine recommendations, and, just as we would do with Grandma's overflowing pill box, reduce them to the truly necessary minimum?
- Shouldn't we reassert the autonomy of patients over their own bodies?

Here is the trouble with vaccines, in 10 sentences:

1. Like "antibiotics," "vaccines" are a large and diverse class of medicines, and as with all large classes of medicines, different products in the class work by different mechanisms, some being quite effective while others are ineffective, some being reasonably safe for appropriate human use while others are fraught with side effects and toxicities, and therefore to assume that any large class of medicines – including vaccines – is categorically "safe and effective," is naïve, illogical, false, and dangerous.
2. While the full extent of vaccine toxicity is undetermined, it is a historical fact that numerous vaccines have been proven to be highly toxic and even deadly to patients, via multiple pathophysiological mechanisms, including: a) direct

contamination of the vaccine (e.g. the Cutter Incident), b) disease caused by unintended, pathological immune response to the vaccine (e.g. Guillain–Barré syndrome caused by the swine flu vaccine), c) unintended contraction and/or transmission of the disease the vaccine was designed to prevent, *caused by the vaccine itself* (e.g. the current oral polio vaccine), and d) vaccine toxicity of unknown or uncertain cause (e.g. intestinal intussusception with the rotavirus vaccine, and fatal blood clots with the Johnson & Johnson COVID-19 vaccine).

3. In fact, the known toxicity of vaccines is so well-established that a Federal law – the National Childhood Vaccine Injury Act (NCVIA) of 1986 (42 U.S.C. §§ 300aa-1 to 300aa-34) was passed to specifically exempt vaccine manufacturers from product liability, based on the legal principle that vaccines are "unavoidably unsafe" products.
4. Since the 1986 NCVIA act protecting vaccine manufacturers from liability, there has been a dramatic increase in the number of vaccines on the market, as well as the number of vaccines added to the CDC vaccine schedules, with the number of vaccines on the CDC Child and Adolescent schedule rising from 7 in 1986 to 21 in 2023.
5. Of the 21 vaccines on the 2023 CDC Child and Adolescent Immunization Schedule, only a small minority (e.g. measles, mumps, rubella, varicella, and HiB) are capable of providing genuine herd immunity, a fact that negates the common, population-based arguments for mandating the other vaccines, which comprise the sizable majority of the vaccines on the schedule.
6. The pharmaceutical industry has established an almost unimaginable degree of media control, institutional influence, and regulatory capture, via its funding of other entities, as it is a) the largest industry lobby in Washington, DC, b) the second largest industry in TV advertising, c) a major source of personal revenue for high-level HHS "alphabet soup" agency bureaucrats, many of whom hold patent and royalty rights on pharmaceutical products, d) a major funder of influential physician organizations (e.g. the American Academy of Pediatrics and prominent medical journals, and e) involved in payment-based incentivization of practicing physicians, who frequently receive monetary bonuses for high rates of vaccination in their patient panels.
7. The COVID-19 mRNA vaccines were developed and administered to the public a) much faster and with much less testing than any other vaccines on the market, b)

under Emergency Use Authorization, c) utilizing a technological platform that had never seen commercial use before, and, despite generating reports of vaccine-related deaths and serious adverse events at much higher rates than traditional vaccines, and despite the fact that they have been removed from the pediatric market in multiple other developed countries, the COVID-19 mRNA vaccines have already been placed on the CDC Child and Adolescent Immunization Schedule, just a little over 2 years after their introduction to the public.

8. There has been no systematic public accounting by the CDC (or any of the HHS agencies) for the more than 35,000 reported COVID-19 vaccine-related deaths and more than 1,500,000 reported COVID-19 vaccine-related adverse events reported as of July 7, 2023, to the CDC's own Vaccine Adverse Event Reporting System (VAERS), nor for the corresponding numbers of COVID vaccine-related deaths and adverse events reported to Eudravigilance (the European Union's equivalent to VAERS), even as the CDC continues to strongly promote these vaccines for use, including placing them on the CDC Child and Adolescent Immunization Schedule.
9. By labeling the novel COVID mRNA products as "vaccines," the definition of the term "vaccine" has become so broadened that essentially any medication that induces an immune response against a disease may now be dubbed a "vaccine," thereby shielding pharmaceutical companies from liability under the National Childhood Vaccine Injury Act of 1986 to a previously unimagined extent.
10. Vaccine mandates thereby compel citizens to submit to medical treatments a) that are regarded under Federal law to be "unavoidably unsafe," b) that *because* they are unavoidably unsafe, their manufacturers are protected by Federal law from liability for harm done to citizens, c) whose manufacturers and government agencies nevertheless promote publicly as "safe and effective," in direct contradiction to their legal status as "unavoidably unsafe," and d) that have increased tremendously in number in recent decades, and, with mRNA technology and a broadened definition of the term "vaccine," stand to multiply at an even greater rate in the future.

I hope these 10 sentences will help the unconvinced to reconsider the central dogma surrounding vaccines. We, as a society, need to reject the article of faith that vaccines are fundamentally "safe and effective."

Vaccines, due to their unavoidably unsafe nature, should NEVER be mandated, and a thorough, product-by-product accounting of the individual vaccines needs to be done outside of government agencies.

How can we accomplish this?

Please forgive me if you thought I was done. I have 10 more sentences listing my proposed solutions to the trouble with vaccines. I ask you to trudge through these as well. Most of them are shorter than the first 10. Thank you.

A Proposed Solution to the Trouble with Vaccines in 10 (more) Sentences:

1. The National Childhood Vaccine Injury Act (NCVIA) of 1986 (42 U.S.C. §§ 300aa-1 to 300aa-34) should be repealed, returning vaccines to the same liability status as other drugs.
2. Federal law should be passed prohibiting the mandating of any and all vaccines at all levels of government.
3. Federal law should be passed prohibiting all direct-to-consumer advertising of prescription drugs.
4. Federal law should be passed prohibiting all collaboration between the Department of Health and Human Services' "alphabet soup" agencies (FDA, CDC, NIH, etc.) and either the Department of Defense (US Army, DARPA, etc.) or the Federal Intelligence Agencies (CIA, DHS, etc.) with regard to vaccine development or vaccine distribution to the public.
5. Federal law should be passed prohibiting all persons working within the HHS agencies from gaining any personal financial benefit from vaccines, including the gaining and holding of patents or royalties, and civil servants in those agencies should be required to take an oath of office not to profit off of any products they approve, regulate, or about which they advise the public.
6. A thorough and public investigation, including criminal prosecutions where appropriate, should be made regarding the key players (both public and private) involved in the development, marketing, manufacture, sale, and administration of the COVID-19 mRNA vaccines, and following the investigation, there should be appropriate reform within the HHS agencies.

7. Detailed, independent, Cochrane-style reviews of every vaccine on the CDC vaccine schedules should be undertaken and made public, and no scientists with financial interests within the pharmaceutical industry should conduct these reviews.
8. Detailed, independent reviews of all reports from the Vaccine Adverse Event Reporting System (VAERS) related to the COVID-19 mRNA vaccines should be undertaken and made public, and appropriate reforms to VAERS should be made.
9. A detailed Congressional review of the money trails related to COVID-era programs, including Operation Warp Speed and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, should be conducted, focusing on fraud and abuse at all levels, including how private companies such as Pfizer and Moderna profited so enormously from taxpayer-funded initiatives.
10. A open, public discussion and debate should be undertaken on the appropriate role of vaccines in public health, including, among other issues, a) a critical review of the current medical dogma on vaccines, b) an accounting of the mistakes, abuses, and potential lessons of the COVID-19 era, and c) a thorough discussion of the undeniable conflicts between public health as it is now practiced and the fundamental civil rights of citizens.

The medical establishment's current dogma on vaccines ("safe and effective," no questions asked) and its corresponding catechism (the ever-expanding vaccine schedules) are in desperate need of reform. I submit that we begin with the above steps.

Reformers are not heretics, although they are commonly labeled as such by powerful persons resisting reform. I, for one, am not a heretic, nor am I an "anti-vaxxer." I don't want to throw the baby out with the bathwater. The problem is, when one looks closely at the vaccine schedules, there turns out to be a lot more bathwater and a lot less baby than advertised.

It is time for the profession of medicine, and society as a whole, to come out of the Dark Ages on this topic. It is time for an open, forthright reevaluation of vaccines and their role in public health.

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